

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3190

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City, North

Length of stay in 1b

58 yrs

c. FULL NAME OF (If NOT in hospital, give location)

Fulton Road R.R. #21

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clay

c. CITY OR TOWN

Kansas City, North

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Fulton Road R.R. #21

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Harry

Middle

Ross

Last

Eddy

4. DATE OF DEATH

Month

June

Day

16, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-1-1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Fruehauf Trailer Co.

11. BIRTHPLACE (City and state or country)

Grain Valley, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sherman E. Eddy

13b. MOTHER'S MAIDEN NAME

Tilly

14. NAME OF HUSBAND OR WIFE

Lancaster

14. NAME OF HUSBAND OR WIFE

Mrs. Ann M. Eddy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Ann M. Eddy R.R. #21, K.C. 58, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Possible Auto Coronary aul.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

North Kansas City, Mo.

22c. DATE SIGNED

6/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-18-1962

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Mem. Gardens

23d. LOCATION (City, town, or county)

Gladstone, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons - North Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J.S. Pate

2103 Swift

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Herrick

Licensed Embalmer No.

4848

P. O. Address

S. C. 17 Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.